

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2014
FORM APPROVED
OMB NO. 0938-0391

454 4/19/14

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445314	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2014
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORRISTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 501 WEST ECONOMY ROAD MORRISTOWN, TN 37814
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 066 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to provide metal containers with self-closing lids to all smoking areas.</p> <p>The findings include:</p> <p>Observation on March 5, 2014 at 11:10 a.m. and 1:50 p.m. revealed the following smoking areas were not provided with metal containers with self-closing lids into which ashtrays can be</p>	K 066	<p><u>Corrective Action:</u></p> <p>Education was provided to all maintenance personnel on NFPA code 19.7.4 by ED on 3/14/14. All HDPE Plastic Trash cans were removed and replaced with metal containers with self-closing cover devices by Director of Maintenance on 3/19/14 at all smoking areas on the facility premises.</p> <p><u>Residents with the Potential to be Affected:</u></p> <p>All residents that smoke and supervising staff have the potential to be affected.</p> <p><u>Systematic Changes:</u></p> <p>All HDPE plastic trash cans were removed and replaced with metal containers with self-closing cover devices by Director of Maintenance on 3/19/14 at all smoking areas on the facility premises. All Staff were educated by the Staff Development Coordinator on 3/14/14 on the procedures for disposing of used cigarette stubs.</p> <p><u>Monitoring:</u></p> <p>Director of Maintenance will monitor that the metal containers with self-closing cover devices are in good working order monthly initiated on 3/19/14 and completed indefinitely.</p>	<p>3/19/14</p> <p>3/19/14</p> <p>3/19/14</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Theresa J. Holliday</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>3/19/14</i>
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any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445314	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2014
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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF MORRISTOWN

STREET ADDRESS, CITY, STATE, ZIP CODE

501 WEST ECONOMY ROAD
MORRISTOWN, TN 37814

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K 066	<p>Continued From page 1</p> <p>emptied into:</p> <ol style="list-style-type: none"> 1. Smoking area outside in the court yard off of the Sun Room. 2. Smoking area outside of the main dining room. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 5, 2014.</p>	K 066		